

<i>SERFF Tracking Number:</i>	<i>CNAC-125678905</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-F2228</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM</i>		
<i>Project Name/Number:</i>	<i>/08-F2228</i>		

Filing at a Glance

Company: Continental Casualty Company		
Product Name: ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM	SERFF Tr Num: CNAC-125678905 State: Arkansas	
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0019 Professional Errors & Omissions Liability	Co Tr Num: 08-F2228	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Micaah Morris	Disposition Date: 06/12/2008
	Date Submitted: 06/03/2008	Disposition Status: Approved
Effective Date Requested (New): 07/15/2008		Effective Date (New):
Effective Date Requested (Renewal): 07/15/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: 08-F2228	Domicile Status Comments:
Reference Organization:	Reference Number: 08-F2228
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/12/2008	
State Status Changed: 06/12/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
On behalf of The Continental Casualty Company, we hereby submit for your review and approval the attached new Network Risk and Privacy Claim Endorsement Form GSL2656XX (ed. 5/08) for use with our Accountants Professional Liability Program currently on file with your department.	

SERFF Tracking Number: CNAC-125678905 State: Arkansas
Filing Company: Continental Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: 08-F2228
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM
Project Name/Number: /08-F2228

Company and Contact

Filing Contact Information

Morris Micaah, Regulatory Filing Technician micaah.morris@cna.com
40 Wall Street (212) 440-2319 [Phone]
New York, NY 10005 (212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company CoCode: 20443 State of Domicile: Illinois
40 Wall Street Group Code: 218 Company Type:
9th Floor
New York, NY 10005 Group Name: State ID Number:
(212) 440-3478 ext. [Phone] FEIN Number: 36-2114545

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$50.00	06/03/2008	20643301

SERFF Tracking Number: *CNAC-125678905* *State:* *Arkansas*
Filing Company: *Continental Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-F2228*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions Liability*

Product Name: *ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM*
Project Name/Number: */08-F2228*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/12/2008	06/12/2008

SERFF Tracking Number: *CNAC-125678905* *State:* *Arkansas*
Filing Company: *Continental Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-F2228*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions*
Product Name: *ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM*
Project Name/Number: */08-F2228*

Disposition

Disposition Date: 06/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CNAC-125678905* *State:* *Arkansas*
Filing Company: *Continental Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-F2228*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions Liability*

Product Name: *ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM*
Project Name/Number: */08-F2228*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Forms Memo	Approved	Yes
Form	Network Risk And Privacy Claim Endorsement	Approved	Yes

SERFF Tracking Number: CNAC-125678905 State: Arkansas

Filing Company: Continental Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: 08-F2228

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM

Project Name/Number: /08-F2228

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Network Risk And Privacy Claim Endorsement	GSL2656 XX (5-08)	05-08	Endorsement/Amendment/Conditions	New	0.00	GSL2656XX_052008_NETWORK RISK AND PRIVACY CLAIM ENDORSEMENT.pdf



NETWORK RISK AND PRIVACY CLAIM ENDORSEMENT

In consideration of the premium paid for this Policy, it is understood and agreed that the Policy is amended as follows:

1. Section **I. DEFINITIONS**, the definition of **Claim** is amended to include the following:

Claim also means:

1. **privacy claims**, and
2. **client network damage claims**.

2. Section **I. DEFINITIONS** is amended to add the following terms:

Client network damage claim means a demand received by **you** for money or services naming **you** and alleging that a **security breach** or **electronic infection** caused **network damage** to a client's **network** in the rendering of **professional services**. A demand shall include the service of suit or the institution of arbitration proceedings against **you**.

Computer virus means unauthorized computer code that is designed and intended to transmit, infect and propagate itself over one or more **networks**, and cause:

1. computer code or programs to perform in an unintended manner;
2. the deletion or corruption of electronic data or software; or
3. the disruption or suspension of a **network**.

Confidential commercial information means information that has been provided to **you** by another, or created by **you** for another where such information is subject to the terms of a confidentiality agreement or equivalent obligating **you** to protect such information on behalf of another.

Denial of service attack means an attack executed over one or more **networks** or the **Internet** that is specifically designed and intended to disrupt the operation of a **network** and render a **network** inaccessible to authorized users.

Electronic infection means the transmission of a **computer virus** to a **network**, including without limitation, such transmission to or from **your network**.

Electronic information damage means the **unauthorized access** to, destruction of, addition to, deletion of or alteration to any:

1. third-party's information residing on **your network**;
2. information residing on the **network** of **your** client, if caused by **you** in the rendering of **professional services**.

Internet means the worldwide public **network** of computers as it currently exists or may be manifested in the future, but **internet** does not include **your network**.

Network means a party's local or wide area network owned or operated by or on behalf of or for the benefit of that party; provided, however, **network** shall not include the **internet**, telephone company **networks**, or other public infrastructure **network**.

Network damage means:

1. the unscheduled or unplanned inability of an authorized user to gain access to a **network**;
2. **electronic information damage**; or,
3. the suspension or interruption of the operation of any **network**;

Non-public personal information means personal information not available to the general public from which an individual may be identified, including without limitation, an individual's name, address, telephone number, social security number, account relationships, account numbers, account balances, and account histories.



Privacy claim means a demand received by **you** for money or services naming **you** and alleging **privacy injury and identity theft** that occurred in the rendering of **professional services**. A demand shall include the service of suit or the institution of arbitration proceedings against **you**.

Privacy injury and identity theft means:

1. any unauthorized disclosure of, inability to access, or inaccuracy with respect to, **non-public personal information** in violation of:
 - a. **your** privacy policy; or
 - b. any federal, state, foreign or other law, statute or regulation governing the confidentiality, integrity or accessibility of **non-public personal information**, including but not limited, to the Health Insurance Portability and Accountability Act of 1996, Gramm-Leach-Bliley Act, Children's Online Privacy Protection Act, or the EU Data Protection Act.
2. **your** failure to prevent **unauthorized access** to **Confidential Commercial Information**;

Privacy policy means **your** policies in written or electronic form that:

1. govern the collection, dissemination, confidentiality, integrity, accuracy or availability of **non-public personal information**; and
2. **you** provide to **your** customers, employees or others who provide **you** with **non-public personal information**.

Security breach means the failure of **your network** hardware, software or firmware, the function or purpose of which is to:

1. identify and authenticate parties prior to accessing **your network**;
2. control access to **your network** and monitor and audit such access;
3. protect against **computer viruses**;
4. defend against **denial of service attacks** upon **you** or unauthorized use of **your network** to perpetrate a **denial of service attack**;
5. ensure confidentiality, integrity and authenticity of information on **your network**.

Privacy breach notice law means any statute or regulation that requires an entity who is the custodian of **non-public personal information** to provide notice to individuals of any actual or potential privacy breach with respect to such **non-public personal information**. **Privacy breach notice laws** include Sections 1798.29 and 1798.82- 1798.84 of the California Civil Code (formerly S.B. 1386) and other similar laws in any jurisdiction.

Unauthorized access means any accessing of information in **your** care, custody or control by unauthorized persons or by authorized persons accessing or using such information in an unauthorized manner. **Unauthorized access** also includes:

1. theft from **you** of any information storage device used by **you** to:
 - a. store and retrieve information on **your network**; or
 - b. transport information between **you** and authorized recipients;
2. any unauthorized use by **you** of information in **your** clients' care, custody or control if accessed by **you** in the course of rendering **professional services**.

3. Section **IV. SUPPLEMENTARY BENEFITS**, Paragraph 2. Regulatory Inquiry is deleted in its entirety and replaced with the following:

2. Regulatory Inquiry

If, during the **policy period**, a state licensing board, self regulatory body, public oversight board or a governmental agency with the authority to regulate **your professional services** or any entity acting on behalf of such entities initiates an investigation of **you** arising from an act or omission in the rendering of **professional services**, including an actual or alleged violation of a **privacy breach notice law** or any law referenced under the definition of **privacy injury and identity theft** that occurred in the rendering of **professional services**, which occurred after the **prior acts date**, and **you** report this to us in accordance



with Section VI.D. of this Policy, we agree to pay **your** attorney fees, attorney costs and court costs incurred in responding to the investigation. The maximum amount we will pay for such attorney fees and costs is \$12,500 regardless of the number of investigations or the number of **you** who are subject to such investigations.

This endorsement shall not be construed as to increase the Limits of Liability of this Policy.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

<i>SERFF Tracking Number:</i>	<i>CNAC-125678905</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-F2228</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM</i>		
<i>Project Name/Number:</i>	<i>/08-F2228</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-125678905 State: Arkansas
Filing Company: Continental Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: 08-F2228
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM
Project Name/Number: /08-F2228

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/12/2008

Comments:

Attachments:

08-F2228 AR Transmittal.pdf

08-F2228 FFS.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 06/12/2008

Comments:

Attachment:

08-F2228 AR Cover Letter.pdf

Satisfied -Name: Forms Memo **Review Status:** Approved 06/12/2008

Comments:

Attachment:

08-F2228 FFM.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #: CNAC-125678905	
h. Subject Codes		

3. Group Name	Group NAIC #
CNA Insurance Group	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	

5. Company Tracking Number	08-F2228
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Micaah Morris 40 Wall Street -9th Floor New York, NY 10005	Regulatory Filings Technician	877-267-3277 X2319	212-440-2877	micaah.morris@cna.com
7. Signature of authorized filer		<i>Micaah Morris</i>		
8. Please print name of authorized filer		Micaah Morris		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Professional Errors & Omissions Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Accountants Professional Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07-15-2008 Renewal: 07-15-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-F2228
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of The Continental Casualty Company, we hereby submit for your review and approval the attached new Network Risk and Privacy Claim Endorsement Form GSL2656XX (ed. 5/08) for use with our Accountants Professional Liability Program currently on file with your department.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08-F2228		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Network Risk And Privacy Claim Endorsement	GSL2656XX (5-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



40 Wall Street – 9th Floor
New York, New York 10005

Mr. Micaah Morris

Regulatory Filings Technician
P & C State Filing Unit
CNA Global Specialty Lines

June 3, 2008

Telephone 212-440-2319
Facsimile 212-440-2877
Toll Free 877-269-3277 x 2319
Internet micaah.morris@cna.com

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: CONTINENTAL CASUALTY COMPANY NAIC #: 218-20443 FEIN#: 36-2114545
ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM
Form Filing-Form GSL2656XX Network Risk and Privacy Claim Endorsement
OUR FILE NO. : 08-F2228

To Whom It May Concern:

On behalf of The Continental Casualty Company, we hereby submit for your review and approval the attached new Network Risk and Privacy Claim Endorsement Form GSL2656XX (ed. 5/08) for use with our Accountants Professional Liability Program currently on file with your department.

Please refer to the forms filing memorandum which provides further details on this form.

We propose that this filing become applicable to all policies written on or after July 15, 2008, or the earliest date permitted by your state.

Sincerely,

Micaah Morris

Micaah Morris
Regulatory Filings Technician

**FORMS FILING MEMORANDUM
ACCOUNTANTS PROFESSIONAL LIABILITY PROGRAM
FILING# 08-F2228
COUNTRYWIDE**

GSL2656XX (05/08)

Network Risk and Privacy Claim Endorsement

This endorsement broadens coverage to the Named Insured and any “you” and “your” as defined in the policy by broadening the definition of Claim to include privacy claims and network damage claims. It also enhances the regulatory inquiry coverage available under the policy.